



Commonwealth of Massachusetts
Group Insurance Commission

Your
Benefits
Connection

STATE MEDICARE

Retirees and Survivors

2008-2009



GIC Health Plans Benefits-At-A-Glance

For Changes
Effective
July 1, 2008

Annual Enrollment

Annual enrollment time is here, giving you the opportunity to review your options and select a new health plan.



If you want to keep your current GIC health plan, you do not need to fill out any paperwork. Your coverage will continue automatically.

Once you choose a health plan, you cannot change plans until the next annual enrollment, unless you move out of your health plan's service area.

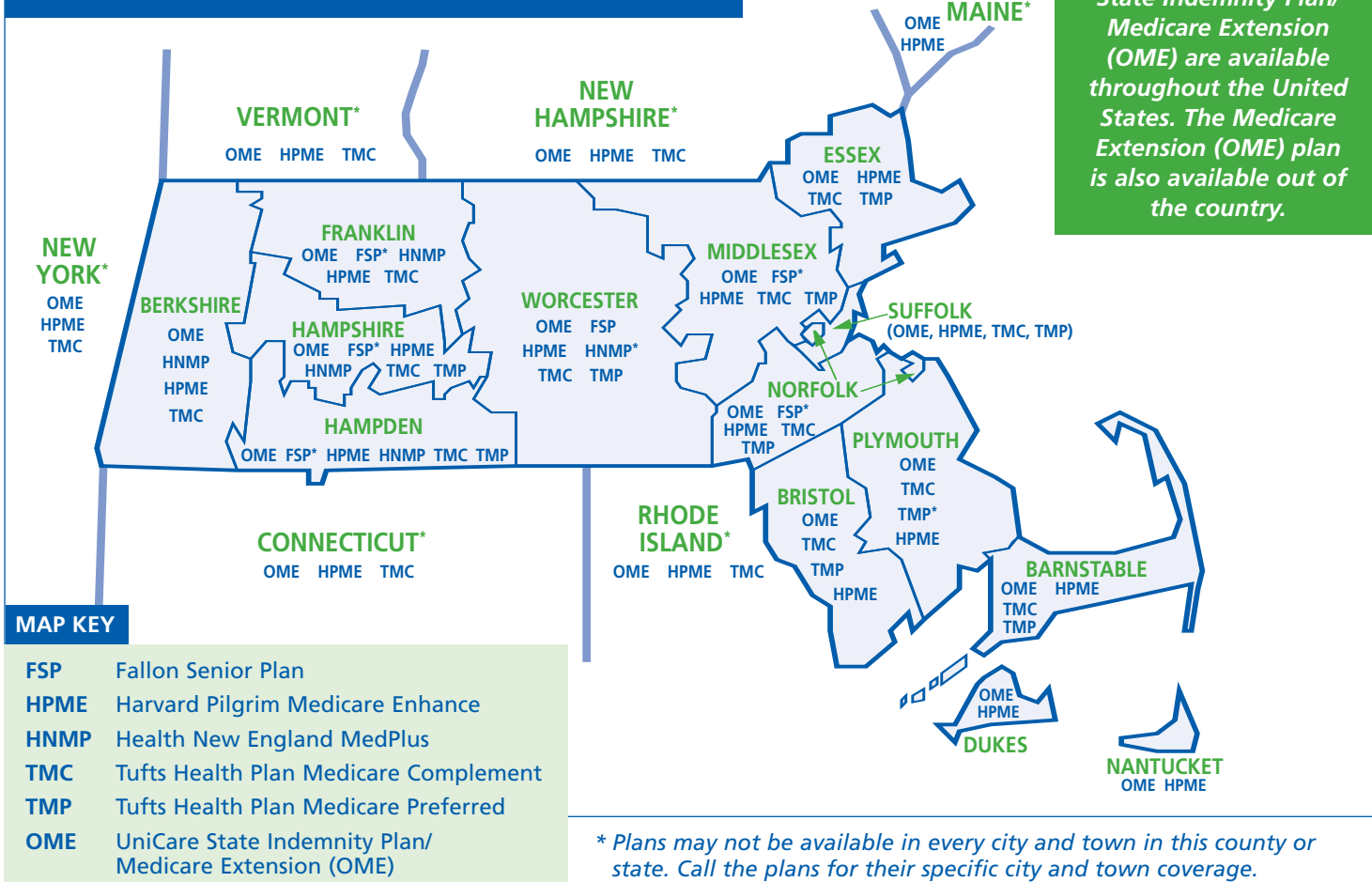
Weigh Your Options

- Determine which plans you are eligible for: See your *GIC Benefit Decision Guide* for details.
- Review the chart and the corresponding plan descriptions for an overview of your health plan options, their structure, and the co-pays and deductibles for frequently used services.

Weigh the following:

- ☐ Are there out-of-network benefits and do you need them?
- ☐ Do you prefer having a Primary Care Physician who is required to coordinate your care?
- ☐ Monthly rates (*see separate rate chart*)
- Contact the plans you are considering to find out:
 - ☐ If your doctors and hospitals are in the network
 - ☐ Information on other health plan benefits that are not described in this brochure
- Attend a GIC health fair and see the GIC's website for additional information.

Is the MEDICARE Plan Available in Your Area?



This chart is an overview of the plan benefits. It is not a complete description. Benefits are subject to certain definitions, conditions, limitations and exclusions as spelled out in the respective plan documents.

| HEALTH PLAN | FALLON SENIOR PLAN | HARVARD PILGRIM MEDICARE ENHANCE |
|---|--|--|
| TELEPHONE NUMBER | 1.866.344.4442 | 1.800.542.1499 |
| WEBSITE | www.fchp.org | www.harvardpilgrim.org |
| Preventive Care <i>office visits according to health plan's schedule</i> | 100%, after \$10 per visit | 100%, after \$10 per visit |
| Physician Office Visit <i>(except mental health)</i> | 100%, after \$10 per visit | 100%, after \$10 per visit |
| Inpatient Hospital Care | 100% | 100% |
| Hospice Care | 100% | 100% |
| Diagnostic Laboratory Tests and X-rays | 100% | 100% |
| Surgery <i>Inpatient & Outpatient</i> | 100% | 100%* |
| Emergency Room Care <i>(includes out-of-area)</i> | 100%, after \$50 co-pay per visit <i>(waived if admitted)</i> | |
| Hearing Aids | First \$500 covered at 100%; 80% coverage for the next \$1,500 per person, per two-year period | |
| Prescription Drug Co-Pays Retail – up to a 30-day supply | | |
| TIER 1 | \$10 | \$10 |
| TIER 2 | \$20 | \$20 |
| TIER 3 | \$40 | \$35 |
| Other – if applicable | N/A | N/A |
| Mail order maintenance drugs <i>– up to a 90-day supply</i> | | |
| TIER 1 | \$20 | \$20 |
| TIER 2 | \$40 | \$40 |
| TIER 3 | \$80 | \$105 |
| Other – if applicable | N/A | N/A |
| Outpatient Mental Health Care | 100%, after \$10 per visit | 100%, after \$10 per visit |
| Outpatient Substance Abuse Care | 100%, after \$10 per visit | Visit(s) 1-8: 100%, after \$10 per visit Visits 9-20: 100%, after \$25 per visit Visits 21 and up: 50% |

* The member may owe money if the provider does not accept Medicare. Call the plan for details.

For more information about a specific plan's benefits or providers, call the plan or visit its website.

| HEALTH NEW ENGLAND MEDPLUS | TUFTS HEALTH PLAN MEDICARE COMPLEMENT | TUFTS HEALTH PLAN MEDICARE PREFERRED | UNICARE STATE INDEMNITY PLAN MEDICARE EXTENSION (OME) with CIC (<i>Comprehensive</i>) |
|--|--|--|---|
| 1.800.842.4464 | 1.888.333.0880 | 1.888.333.0880 | 1.800.442.9300 |
| www.hne.com | www.tuftshealthplan.com | www.tuftshealthplan.com | www.unicare-cip.com |
| 100%, after \$10 per visit | 100%, after \$10 per visit | 100%, after \$10 per visit | 100%, after \$5 per visit |
| 100%, after \$10 per visit | 100%, after \$10 per visit | 100%, after \$10 per visit | 100%, after \$35 calendar year deductible |
| 100% | 100% | 100% | 100%, after \$50 deductible per quarter per person; <i>waived if readmitted within 30 days of admission</i> |
| 100% | 100% | 100% | 100%, after \$35 calendar year deductible |
| 100% | 100% | 100% | 100% |
| 100% | 100% | 100% | 100%* |
| 100%, after \$50 co-pay per visit (<i>waived if admitted</i>) | | | 100%, after \$25 co-pay per visit (<i>waived if admitted</i>) (calendar year deductible may apply) |

First \$500 covered at 100%; 80% coverage for the next \$1,500 per person, per two-year period

| | | | |
|----------------------------|----------------------------|----------------------------|--|
| \$10 | \$8 | \$10 | \$7 |
| \$20 | \$20 | \$20 | \$20 |
| \$40 | \$35 | \$40 | \$40 |
| N/A | N/A | N/A | \$2 value |
| \$20 | \$16 | \$20 | \$14 |
| \$40 | \$40 | \$40 | \$40 |
| \$120 | \$70 | \$80 | \$90 |
| N/A | N/A | N/A | \$4 value \$10 specialty (30-day supply only) |
| 100%, after \$10 per visit | 100%, after \$10 per visit | 100%, after \$10 per visit | First 4 visits: 100% Visits 5 and over: 100%, after \$10 per visit |
| 100%, after \$10 per visit | 100%, after \$10 per visit | 100%, after \$10 per visit | First 4 visits: 100% Visits 5 and over: 100%, after \$10 per visit |

Medicare Guidelines

Medicare is a federal health insurance program for retirees age 65 or older and certain disabled people. Medicare Part A covers inpatient hospital care, some skilled nursing facility care and hospice care. Medicare Part B covers physician care, diagnostic x-rays and lab tests, and durable medical equipment. Medicare Part D covers prescription drugs.

When you or your spouse is age 65 or over, or if you or your spouse is disabled, visit your local Social Security Administration office to find out if you are eligible for free Medicare Part A coverage.

If you (the insured) continue working after age 65, you and/or your spouse do NOT enroll in Medicare Part B until you (the insured) retire. Due to federal law, different rules apply for same-sex spouses; see our website for details.



When you (the insured) retire:

- If you and/or your spouse are eligible for Part A for free, state law requires that you and/or your spouse must enroll in Medicare Part A and Part B to be covered by the GIC.
- You must join a Medicare plan sponsored by the GIC to continue health coverage. These plans provide comprehensive coverage for some services that Medicare does not cover. If you and your spouse are Medicare eligible, you must enroll in the same Medicare plan.
- You MUST continue to pay your Medicare Part B premium. Failure to pay this premium will result in the loss of your GIC coverage.

Retiree and Spouse Coverage if Under and Over Age 65

If you (the retiree) or your spouse or other covered dependent is younger than age 65, the person or people under age 65 will continue to be covered under a non-Medicare plan until you and/or he/she becomes eligible for Medicare.

If this is the case, you must enroll in one of the pairs of plans listed below:

Health Plan Combination Choices – State retirees, deferred retirees and former employees receiving continuation coverage

| NON-MEDICARE PLAN | MEDICARE PLAN |
|--|--|
| Fallon Community Health Plan Direct Care | Fallon Senior Plan |
| Fallon Community Health Plan Select Care | Fallon Senior Plan |
| Harvard Pilgrim Independence Plan (note coverage area map) | Harvard Pilgrim Medicare Enhance |
| Health New England | Health New England MedPlus |
| Navigator by Tufts Health Plan | Tufts Medicare Complement |
| Navigator by Tufts Health Plan | Tufts Health Plan Medicare Preferred |
| UniCare State Indemnity Plan/ Basic | UniCare State Indemnity Plan/ Medicare Extension (OME) |
| UniCare State Indemnity Plan/ Community Choice | UniCare State Indemnity Plan/ Medicare Extension (OME) |
| UniCare State Indemnity Plan/ PLUS | UniCare State Indemnity Plan/ Medicare Extension (OME) |

Health Plan Combination Choices – GIC Retired Municipal Teachers (RMTs who do not participate in the municipality health-only program) and Elderly Governmental Retirees (EGRs)

| NON-MEDICARE PLAN | MEDICARE PLAN |
|--|--|
| Fallon Community Health Plan Direct Care | Fallon Senior Plan |
| Fallon Community Health Plan Select Care | Fallon Senior Plan |
| Health New England | Health New England MedPlus |
| UniCare State Indemnity Plan/ Basic | UniCare State Indemnity Plan/ Medicare Extension (OME) |



Continued on back.

How to Calculate Your Rate

See Separate Rate Chart



Medicare Family

Find the "Retiree Pays Monthly" rate for the Medicare plan in which you are enrolling and double it for your monthly rate.

Retiree and Spouse Coverage if Under and Over Age 65

1. Find the "Retiree Pays Monthly" premium for the Medicare Plan in which the Medicare retiree or spouse will be enrolling
2. Find the "Retiree Pays Monthly" individual coverage premium for the Non-Medicare Plan in which the Non-Medicare retiree or spouse will be enrolling.
3. Add the two premiums together; this is what you will pay monthly.

If you have one Medicare enrollee and two or more Non-Medicare enrollees, add the Medicare premium to the Non-Medicare family coverage premium to calculate your monthly premium.

Helpful Reminders

- Call or visit your local Social Security office for more information about Medicare benefits.
- HMO Medicare plans require you to live in their service area. *See the map on the other side.*
- You may change GIC Medicare plans only during annual enrollment, unless you move out of your plan's service area. Note: Even if your doctor or hospital drops out of your Medicare HMO, you must stay in the HMO until the next annual enrollment.
- Benefits and rates of Fallon Senior Plan and Tufts Health Plan Medicare Preferred are subject to federal approval and may change January 1, 2009. These plans automatically include Medicare Part D prescription drug benefits. Contact the plans for additional details.

Fallon Senior Plan – HMO

- Benefits and rates of Fallon Senior Plan are subject to federal approval and may change January 1, 2009. This plan automatically includes Medicare Part D prescription drug benefits. Contact the plan for additional details.
- PCP required – yes
- Out-of-network benefits – no

Harvard Pilgrim Medicare Enhance – Indemnity Plan

- PCP required – no
- Out-of-network benefits – not applicable; Harvard Pilgrim Medicare Enhance is available throughout the U.S.

Health New England MedPlus – HMO

- PCP required – yes
- Out-of-network benefits – no

Tufts Health Plan Medicare Complement – HMO

- PCP required – yes
- Out-of-network benefits – no

Tufts Health Plan Medicare Preferred – HMO

- Benefits and rates of Tufts Medicare Preferred are subject to federal approval and may change January 1, 2009. This plan automatically includes Medicare Part D prescription drug benefits. Contact the plan for additional details.
- PCP required – yes
- Out-of-network benefits – no

UniCare State Indemnity Plan/Medicare Extension (OME) – Indemnity Plan

- With CIC (comprehensive) and Without CIC (non-comprehensive options): Without CIC deductibles are higher and coverage is only 80% for some services.
- Prescription Drug Benefits (Express Scripts): 1.877.828.9744; www.express-scripts.com
- Mental Health/Substance Abuse and EAP Benefits (United Behavioral Health): 1.888.610.9039; www.liveandworkwell.com (access code: 10910)
- PCP required – no
- Out-of-network benefits – not applicable; the Indemnity Plan Medicare Extension (OME) is available throughout the U.S. and outside of the country.



Mark the Date!

**Annual Enrollment requests are due
Friday, May 16 for changes effective July 1, 2008**

Write to the GIC requesting the change.



www.mass.gov/gic

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